	D STATES DISTRIC			DISTRICT COURT E.D.N.Y.	
EASTE	ERN DISTRICT OF 1	NEW YORK 	-X	* AUG 15 2016 *	
, M	RONY COMPERE -against- 1944EN FUSARD	Plaintiff,			
		Defendant(s).	X		
1.	Name of applicant	Rony Compers			
2.	Explain why you fee	el you need a lawyer i	in this case. (Use additional pap	er if necessary.)	
	CURRENTLY :	INCARASARATED	, NEED IN HELP OF	GATHERING	
	INFORMATION	AND KNOWEDGE	of THE PROCEEDings		
3.	if necessary.) OUTS	IDE HEID FROM	an attorney and with what resu		
4.	If you need a lawye	r who speaks in a lan	guage other than English, state	what language you speak:	
5.	I understand that if a lawyer volunteers to represent me and my lawyer learns that I can afford to pay for a lawyer, the lawyer may give this information to the Court. I understand that if the Court grants this application in a complaint against the Commissioner of Social Security, the pro bono attorney, if successful, has the statutory right to request that the Court award a fee of up to 25% of the accrued Social Security or Supplemental Security Income Benefits. See 42 U.S.C. § 406.				
6.	I understand that if r be dismissed.	ny answers on my Re	quest to Proceed <i>In Forma Paup</i>	peris are false, my case may	
7.	I declare under pe	nalty of perjury tha	t the forgoing is true and corr	ect. RECEIVED	
Dated	: AUGUST 5, 2016	,	Signature Signature	AUG 1 6 2016	
Duite			Signature /	EDNY PRO SE OFFICE	

EAST	08 FED STATES DISTRIC FERN DISTRICT OF N	NEW YORK	ζ.		
	RONY Compere -against- maddew fusad	Plaintiff,	REQ IN F IN S APP REQ	QUEST TO PROCEED FORMA PAUPERIS EUPPORT OF THE PLICATION FOR THE COURT QUEST COUNSEL CV 1035 (Ays)	то
		Defendant(s).	X		
prepa	ny fees or costs or give proceeding or give secu	security. I state that be writy therefor, and that I employed, give the nan	ecause of my p I believe I am	ype your name) am the plaintiff/de ma pauperis and without being requoverty I am unable to pay the cost entitled to redress. s of your employer and state the and	sts of
		-			
2.	month at that time.		question ever	e last employed and your earnings if you are incarcerated.	per
3.		within the past twelve r		noney from any source? If so, nam	ne the
	a) Are you receiving	any public benefits?		No Yes, \$	
	b) Do you receive an	y income from any oth	er source?	No	

4.	Do you have any money, including money in a checking or savings account? If so, how much?
5.	Do you own any apartment, house or building, stocks, bonds, notes, automobiles or other valuable property? If the answer is yes, describe the property and state its approximate value.
	NoYes, \$
6.	Do you pay for rent or for a mortgage? If so, how much each month? No Yes, \$
7.	List the person(s) that you pay money to support and the amount you pay each month.
8.	State any special circumstances which the Court should consider.
	CURRENTLY INCARASERATED, AT NASSAU CORRECTIONAL
	CURRENTLY INCARASERATED, AT NASSAU CORRECTIONAL FOCUILTY - FIRST TIME PERSUEING THIS PROCEEDURE
	lerstand that the Court may dismiss this case if I give a false answer to any question in this aration.
Secu	lerstand that if the Court grants this application in a complaint against the Commissioner of Social rity, the pro bono attorney, if successful, has the statutory right to request that the Court award a fee to 25% of the accrued Social Security or Supplemental Security Income Benefits. See 42 U.S.C. §
I dec	clare under penalty of perjury that the foregoing is true and correct.
Date	d: AUGUST 5, 2016 Signature

UNITED STATES DISTRICT COURT	FILED IN CLERK'S OFFICE U.S. DOTRICT COURT E.D.N.Y.
EASTERN DISTRICT OF NEW YORK	# AUG 15 2010 .
······································	LONG ISLAND OFFICE
Plaintiff, Rowy Compere -against- mathew fusaro	AFFIRMATION OF SERVICE
mathew fusaro	16 CV 1035 (3MA)
Defendant(s).	
I, Rony Compete	(print or type your name), declare under penalty of
perjury that I have served a copy of the attached A	application for the Court to Request Counsel upon the
defendant(s) or the attorney for defendant(s) MA	HHRW FUSARO Attorney BEN-SORCIC,
LIORA M	
whose address is: ONE WEST STREET MIN	1602A N.Y 11501-4820
byMA(L	- personal delivery, mail, overnight express, etc.)
Dated: AUGUST 5 2016	Pong Paper Signature
	Address
	E
	EAST MEADOW MY 11544 City State & Zin Code

Mr. Cony (er. pc/r)
C. C.# 1690 4660
Location E-1 - E-25
100 CARMAN AVENUE
5 EAST MEADOW, NEW YORK 11554-1146

11722-901414

CENTRAL ISLIPINY 11722-9014 100 FEDERAL PLAZA; PO BOX 9014 PROSE OFFICE/Long Islamb EASTERN DISTRICT OF NEW YORK

